

PLATE II

 $[29\;\mathrm{FR}\;6718,\,\mathrm{May}\;22,\,1964,\,\mathrm{as}\;\mathrm{amended}\;\mathrm{at}\;43\;\mathrm{FR}\;45349,\,\mathrm{Oct.}\;2,\,1978]$ 

# $\$\,4.71a$ Schedule of ratings—musculo-skeletal system.

ACUTE, SUBACUTE, OR CHRONIC DISEASES

	Rat- ing
5000 Osteomyelitis, acute, subacute, or chronic: Of the pelvis, vertebrae, or extending into major joints, or with multiple localization or with long history of intractability and debility, anemia, amyloid liver changes, or other continuous	
constitutional symptoms	100
Frequent episodes, with constitutional symptoms	60
With definite involucrum or sequestrum, with or without discharging sinus	30
tive infection within the past 5 years	20
Inactive, following repeated episodes, without evidence of active infection in past 5 years	10

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Continued

	Rat- ing
NOTE (1): A rating of 10 percent, as an exception to the amputation rule, is to be assigned in any case of active osteomyelitis where the amputation rating for the affected part is no percent. This 10 percent rating and the other partial ratings of 30 percent or less are to be combined with ratings for ankylosis, limited motion, nonunion or malunion, shortening, etc., subject, of course, to the amputation rule. The 60 percent rating, as it is based on constitutional symptoms, is not subject to the amputation rule. A rating for osteomyelitis will not be applied following cure by removal or radical resection of the affected bone.	

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# 38 CFR Ch. I (7-1-02 Edition)

### ACUTE, SUBACUTE, OR CHRONIC DISEASES— Continued

	Rat- ing		Rat- ing
NOTE (2): The 20 percent rating on the basis of activity within the past 5 years is not assignable following the initial infection of active osteomyelitis with no subsequent reactivation. The prerequisite for this historical rating is an established recurrent osteomyelitis. To qualify for the 10 percent rating, 2 or more episodes following the initial infection are required. This 20 percent rating or the 10 percent rating, when applicable, will be assigned once only to cover disability at all sites of previously active infection with a future ending date in the case of the 20 percent rating.  5001 Bones and joints, tuberculosis of, active or inactive:  Active	ing 100	With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations  With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups  NOTE (1): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be combined with ratings based on limitation of motion.  NOTE (2): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be utilized in rating conditions listed under diagnostic codes 5013 to 5024, inclusive.  5004 Arthritis, gonorrheal.  5005 Arthritis, pneumococcic.  5006 Arthritis, yphoid.  5007 Arthritis, yphoid.  5008 Arthritis, streptococcic.  5009 Arthritis, other types (specify).	ing 20
tating  Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods	100 60 40 20	With the types of arthritis, diagnostic codes 5004 through 5009, rate the disability as rheumatoid arthritis.  5010 Arthritis, due to trauma, substantiated by X-ray findings: Rate as arthritis, degenerative.  5011 Bones, caisson disease of: Rate as arthritis, cord involvement, or deafness, depending on the severity of disabling manifestations.  5012 Bones, new growths of, malignant  NOTE: The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there	100
For chronic residuals:  For residuals such as limitation of motion or ankylosis, favorable or unfavorable, rate under the appropriate diagnostic codes for the specific joints involved. Where, however, the limitation of motion of the specific joint or joints involved is noncompensable under the codes a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5002. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion.  NOTE: The ratings for the active process will not be combined with the residual ratings for limitation of motion or ankylosis. Assign the higher evaluation.		has been no local recurrence or metastases, the rating will be made on residuals. 5013 Osteoporosis, with joint manifestations. 5014 Osteomalacia. 5015 Bones, new growths of, benign. 5016 Osteitis deformans. 5017 Gout. 5018 Hydrarthrosis, intermittent. 5019 Bursitis. 5020 Synovitis. 5021 Myositis. 5022 Periostitis. 5023 Myositis ossificans. 5024 Tenosynovitis. The diseases under diagnostic codes 5013 through 5024 will be rated on limitation of motion of affected parts, as arthritis, degenera-	
5003 Arthritis, degenerative (hypertrophic or osteo- arthritis):  Degenerative arthritis established by X-ray find- ings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved (DC 5200 etc.). When however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diag-		tive, except gout which will be rated under diagnostic code 5002.  5025 Fibromyalgia (fibrositis, primary fibromyalgia syndrome)  With widespread musculoskeletal pain and tender points, with or without associated fatigue, sleep disturbance, stiffness, paresthesias, headache, irritable bowel symptoms, depression, anxiety, or Raynaud's-like symptoms:	
nostic codes, a rating of 10 pct is for applica- tion for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5003. Limitation of motion must be ob- jectively confirmed by findings such as swell-		That are constant, or nearly so, and refractory to therapy  That are episodic, with exacerbations often precipitated by environmental or emotional stress or by overexertion, but that are present more than one-third of the	40
ing, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of		time	20
motion, rate as below:		trol	

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# ACUTE, SUBACUTE, OR CHRONIC DISEASES— Continued PROSTHETIC IMPLANTS—Continued

	Rat- ing
NOTE: Widespread pain means pain in both the left and right sides of the body, that is both above and below the waist, and that affects both the axial skeleton (i.e., cervical spine, anterior chest, thoracic spine, or low back) and the extremities.	

### PROSTHETIC IMPLANTS

	Rat	ing
	Major	Minor
5051 Shoulder replacement (prosthesis). Prosthetic replacement of the shoulder joint:		
For 1 year following implantation of prosthesis	100	100
ness in the affected extremity With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to di-	60	50
agnostic codes 5200 and 5203.  Minimum rating  5052 Elbow replacement (prosthesis).  Prosthetic replacement of the elbow	30	20
joint:  For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe painful motion or weak- ness in the affected extremity With intermediate degrees of resid-	50	40
ual weakness, pain or limitation of motion rate by analogy to di- agnostic codes 5205 through 5208.		
Minimum evaluation	30	20
prosthesis	100	100
ness in the affected extremity With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214.	40	30
Minimum rating  NoTE: The 100 pct rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under §4.30 following hospital discharge.  5054 Hip replacement (prosthesis).	20	20
Prosthetic replacement of the head of the femur or of the acetabulum:  For 1 year following implantation of prosthesis		100

	Rat	ing
	Major	Mino
Following implantation of prosthesis		
with painful motion or weakness		
such as to require the use of		
crutches		1 90
Markedly severe residual weak-		
ness, pain or limitation of motion		
following implantation of pros- thesis		7
Moderately severe residuals of		· ''
weakness, pain or limitation of		
motion		5
Minimum rating		3
5055 Knee replacement (prosthesis).		
Prosthetic replacement of knee joint:		
For 1 year following implantation of		
prosthesis		10
With chronic residuals consisting of severe painful motion or weak-		
ness in the affected extremity		6
With intermediate degrees of resid-		"
ual weakness, pain or limitation		
of motion rate by analogy to di-		
agnostic codes 5256, 5261, or		
5262.		
Minimum rating		3
5056 Ankle replacement (prosthesis).		
Prosthetic replacement of ankle joint: For 1 year following implantation of		
prosthesis		10
With chronic residuals consisting of		
severe painful motion or weak-		
ness		4
With intermediate degrees of resid-		
ual weakness, pain or limitation		
of motion rate by analogy to		
5270 or 5271.		20
Minimum rating  NOTE (1): The 100 pct rating for 1 year		-
following implantation of prosthesis		
will commence after initial grant of the		
1-month total rating assigned under		
§ 4.30 following hospital discharge.		
NOTE (2): Special monthly compensa-		
tion is assignable during the 100 pct		
rating period the earliest date perma-		
nent use of crutches is established.		
COMBINATIONS OF DISABILITIES		
5104 Anatomical loss of one hand and loss		١
of use of one foot		1100
5105 Anatomical loss of one foot and loss		110
of use of one hand5106 Anatomical loss of both hands		1 100 1 100
5106 Anatomical loss of both feet5107		110
5107 Anatomical loss of one hand and one		'0'
foot		1100
5109 Loss of use of both hands		110
5110 Loss of use of both feet		110
5111 Loss of use of one hand and one		
foot		110

<sup>&</sup>lt;sup>1</sup> Also entitled to special monthly compensation.

TABLE II—RATINGS FOR MULTIPLE LOSSES OF EXTREMITIES WITH DICTATOR'S RATING CODE AND 38 CFR CITATION

			Impairment of o	other extremity		
Impairment of one extremity	Anatomical loss or loss of use below elbow	Anatomical loss or loss of use below knee	Anatomical loss or loss of use above elbow (preventing use of pros- thesis)	Anatomical loss or loss of use above knee (preventing use of prosthesis)	Anatomical loss near shoulder (preventing use of prosthesis)	Anatomical loss near hip (preventing use of prosthesis)
Anatomical loss or loss of use below elbow.	M Codes M-1 a, b, or c, 38 CFR 3.350 (c)(1)(i).	L Codes L-1 d, e, f, or g, 38 CFR 3.350(b).	M½ Code M-5, 38 CFR 3.350 (f)(1)(x).	L½ Code L-2 c, 38 CFR 3.350 (f)(1)(vi).	N Code N-3, 38 CFR 3.350 (f)(1)(xi).	M Code M-3 c, 38 CFR 3.350 (f)(1)(viii)
Anatomical loss or loss of use below knee.		L Codes L-1 a, b, or c, 38 CFR 3.350(b).	L½ Code L-2 b, 38 CFR 3.350 (f)(1)(iii).	L½ Code L-2 a, 38 CFR 3.350 (f)(1)(i).	M Code M-3 b, 38 CFR 3.350 (f)(1)(iv).	M Code M-3 a, 38 CFR 3.350 (f)(1)(ii)
Anatomical loss or loss of use above elbow (preventing use of prosthesis).			N Code N-1, 38 CFR 3.350 (d)(1).	M Code M-2 a, 38 CFR 3.350 (c)(1)(iii).	N½ Code N-4, 38 CFR 3.350 (f)(1)(ix).	M½ Code M-4 c, 38 CFR 3.350 (f)(1)(xi)
Anatomical loss or loss of use above knee (preventing use of prosthesis).				M Code M-2 a, 38 CFR 3.350 (c)(1)(ii).	M½ Code M-4 b, 38 CFR 3.350 (f)(1)(vii).	M½ Code M-4 a, 38 CFR 3.350 (f)(1)(v)
Anatomical loss near shoulder (preventing use of prosthesis).					O Code O-1, 38 CFR 3.350 (e)(1)(i).	N Code N-2 b, 38 CFR 3.350 (d)(3)
Anatomical loss near hip (preventing use of prosthesis).						N Code N-2 a, 38 CFR 3.350 (d)(2)

Note.—Need for aid attendance or permanently bedridden qualifies for subpar. L. Code L-1 h, i (38 CFR 3.350(b)). Paraplegia with loss of use of both lower extremities and loss of anal and bladder sphincter control qualifies for subpar. O. Code O-2 (38 CFR 3.350(e)(2)). Where there are additional disabilities rated 50% or 100%, or anatomical or loss of use of a third extremity see 38 CFR 3.350(f) (3), (4) or (5).

(Authority: 38 U.S.C. 1115)

### §4.71a

### AMPUTATIONS: UPPER EXTREMITY

		Rating	
		Major	Minor
Aı	rm, amputation of:		
5120	Disarticulation	190	1 90
5121	Above insertion of deltoid	190	<sup>1</sup> 80
5122	Below insertion of deltoid	180	170
Fo	orearm, amputation of:		
5123	Above insertion of pronator teres	180	170
5124	Below insertion of pronator teres	170	<sup>1</sup> 60
5125	Hand, loss of use of	170	<sup>1</sup> 60

	MULTIPLE FINGER AMPUTATIONS		
	Five digits of one hand, amputation	170	<sup>1</sup> 60
	and distance of any bound association of	. 70	' 60
	our digits of one hand, amputation of: Thumb, index, middle and ring	170	1 60
5127		170	
5128 5129	Thumb, index, middle and little Thumb, index, ring and little	<sup>1</sup> 70	1 60 1 60
		170	
5130	Thumb, middle, ring and little	· ·	1 60
5131	Index, middle, ring and little	60	50
	hree digits of one hand, amputation of:		
5132	Thumb, index and middle	60	50
5133	Thumb, index and ring	60	50
5134	Thumb, index and little	60	50
5135	Thumb, middle and ring	60	50
5136	Thumb, middle and little	60	50
5137	Thumb, ring and little	60	50
5138	Index, middle and ring	50	40
5139	Index, middle and little	50	40
5140	Index, ring and little	50	40
5141	Middle, ring and little	40	30
	wo digits of one hand, amputation of:		
5142	Thumb and index	50	40
5143	Thumb and middle	50	40
5144	Thumb and ring	50	40
5145	Thumb and little	50	40
5146	Index and middle	40	30
5147	Index and ring	40	30
5148	Index and little	40	30
5149	Middle and ring	30	20
5150	Middle and little	30	20
5151	Ring and little	30	20
(8	a) The ratings for multiple finger ampu-		
	tations apply to amputations at the proximal interphalangeal joints or		
	through proximal phalanges		
(1	b) Amputation through middle pha-		
(*	langes will be rated as prescribed for		
	unfavorable ankylosis of the fingers		
(c	c) Amputations at distal joints, or		
	through distal phalanges, other than		
	negligible losses, will be rated as pre-		
	scribed for favorable ankylosis of the		
	fingers	ļ ļ	

### AMPUTATIONS: UPPER EXTREMITY—Continued

	Rating	
	Major	Mino
(d) Amputation or resection of meta- carpal bones (more than one-half the		
bone lost) in multiple fingers injuries will require a rating of 10 percent		
added to (not combined with) the rat- ings, multiple finger amputations, sub- ject to the amputation rule applied to		
the forearm.  (e) Combinations of finger amputations		
at various levels, or finger amputa- tions with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability; i.e., amputation, unfavorable anky-		
losis, most representative of the lev- els or combinations. With an even number of fingers involved, and adja- cent grades of disability, select the		
higher of the two grades.  (f) Loss of use of the hand will be held to exist when no effective function remains other than that which would be		
equally well served by an amputation stump with a suitable prosthetic applicance.		
SINGLE FINGER AMPUTATIONS		
5152 Thumb, amputation of:		
With metacarpal resection  At metacarpophalangeal joint or through proximal phalanx	40 30	30
At distal joint or through distal phalanx Index finger, amputation of	20	20
With metacarpal resection (more than one-half the bone lost)	30	20
thereto	20 10	20 10
one-half the bone lost)	20	20
thereto	10	10
one-half the bone lost)	20	20
thereto5156 Little finger, amputation of:	10	10
With metacarpal resection (more than one-half the bone lost)	20	20
mal interphalangeal joint or proximal thereto	10	10
ings are the only applicable ratings for amputations of whole or part of single fingers.		

<sup>&</sup>lt;sup>1</sup> Entitled to special monthly compensation.

#### SINGLE FINGER AMPUTATIONS

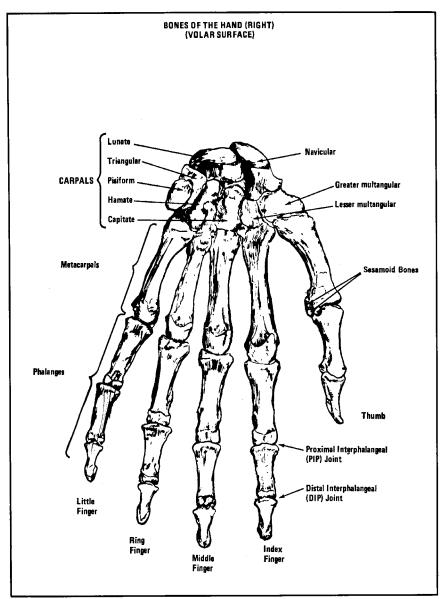


PLATE III

# §4.71a

# AMPUTATIONS: LOWER EXTREMITY

	Rat- ing
Thigh, amputation of:	
5160 Disarticulation, with loss of extrinsic pelvic gir-	
dle muscles	290
5161 Upper third, one-third of the distance from	
perineum to knee joint measured from perineum	<sup>2</sup> 80
5162 Middle or lower thirds	<sup>2</sup> 60
Leg, amputation of:	
5163 With defective stump, thigh amputation rec-	
ommended	<sup>2</sup> 60
5164 Amputation not improvable by prosthesis con-	
trolled by natural knee action	<sup>2</sup> 60
5165 At a lower level, permitting prosthesis	<sup>2</sup> 40
5166 Forefoot, amputation proximal to metatarsal	
bones (more than one-half of metatarsal loss)	<sup>2</sup> 40
5167 Foot, loss of use of	2 40

# AMPUTATIONS: LOWER EXTREMITY—Continued

	Rat- ing
5170 Toes, all, amputation of, without metatarsal	
loss	30
5171 Toe, great, amputation of:	
With removal of metatarsal head	30
Without metatarsal involvement	10
5172 Toes, other than great, amputation of, with re-	
moval of metatarsal head:	
One or two	20
Without metatarsal involvement	0
5173 Toes, three or four, amputation of, without	
metatarsal involvement:	
Including great toe	20
Not including great toe	10

<sup>&</sup>lt;sup>2</sup> Also entitled to special monthly compensation.

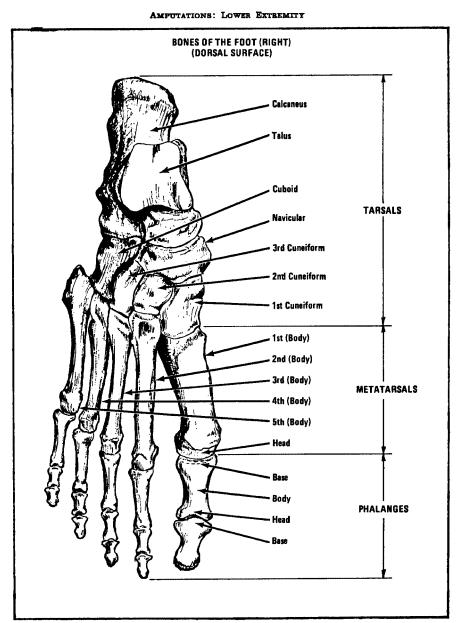


PLATE IV

# §4.71a

THE SHOULDER AND ARM

# THE ELBOW AND FOREARM—Continued

	Rating	
	Major	Minor
5200 Scapulohumeral articulation, anky-		
losis of:		
Note: The scapula and humerus move		
as one piece.		
Unfavorable, abduction limited to 25°		
from side	50	40
Intermediate between favorable and un-		
favorable	40	30
Favorable, abduction to 60°, can reach		
mouth and head	30	20
5201 Arm, limitation of motion of:		
To 25° from side	40	30
Midway between side and shoulder		
level	30	20
At shoulder level	20	20
5202 Humerus, other impairment of:		
Loss of head of (flail shoulder)	80	70
Nonunion of (false flail joint)	60	50
Fibrous union of	50	40
Recurrent dislocation of at		
scapulohumeral joint.		
With frequent episodes and guard-		
ing of all arm movements	30	20
With infrequent episodes, and		
guarding of movement only at		
shoulder level	20	20
Malunion of:		
Marked deformity	30	20
Moderate deformity	20	20
5203 Clavicle or scapula, impairment of:		
Dislocation of	20	20
Nonunion of:		
With loose movement	20	20
Without loose movement	10	10
Malunion of	10	10
Or rate on impairment of function of		
contiguous joint.		

# THE ELBOW AND FOREARM

	Rating	
	Major	Minor
5205 Elbow, ankylosis of:		
Unfavorable, at an angle of less than		
50° or with complete loss of		
supination or pronation	60	50
Intermediate, at an angle of more than		
90°, or between 70° and 50°	50	40
Favorable, at an angle between 90° and		
70°	40	30
5206 Forearm, limitation of flexion of:		
Flexion limited to 45°	50	40
Flexion limited to 55°	40	30
Flexion limited to 70°	30	20
Flexion limited to 90°	20	20
Flexion limited to 100°	10	10
Flexion limited to 110°	0	0
5207 Forearm, limitation of extension of:		
Extension limited to 110°	50	40
Extension limited to 100°	40	30
Extension limited to 90°	30	20
Extension limited to 75°	20	20
Extension limited to 60°	10	10
Extension limited to 45°	10	10
5208 Forearm, flexion limited to 100° and		
extension to 45°	20	20
5209 Elbow, other impairment of Flail joint	60	50 t

	Rating	
	Major	Mino
Joint fracture, with marked cubitus varus or cubitus valgus deformity or with ununited fracture of head of ra-		
dius	20	2
flail false joint	50	4
Nonunion in upper half, with false movement:		
With loss of bone substance (1 inch (2.5 cms.) or more) and marked		
deformity	40	3
	30	2
deformity  Nonunion in lower half	20	2
		1
Malunion of, with bad alignment 5212 Radius, impairment of:	10	'
Nonunion in lower half, with false move- ment:		
With loss of bone substance (1 inch (2.5 cms.) or more) and marked		
deformity	40	3
Without loss of bone substance or	40	١
	30	2
deformity		-
Nonunion in upper half	20	2
Malunion of, with bad alignment 5213 Supination and pronation, impairment	10	1
of: Loss of (bone fusion):		
The hand fixed in supination or		
hyperpronation	40	3
The hand fixed in full pronation	30	2
The hand fixed near the middle of		
the arc or moderate pronation	20	2
Limitation of pronation:		
Motion lost beyond middle of arc	30	2
Motion lost beyond last quarter of		
arc, the hand does not approach		
full pronation	20	2
Limitation of supination:		
To 30° or less	10	1
NOTE: In all the forearm and wrist inju-		
ries, codes 5205 through 5213, mul-		
tiple impaired finger movements due		
to tendon tie-up, muscle or nerve in-		
jury, are to be separately rated and		
combined not to exceed rating for		
loss of use of hand.		

### THE WRIST

	Rating	
	Major	Minor
5214 Wrist, ankylosis of:     Unfavorable, in any degree of palmar flexion, or with ulnar or radial deviation	50 40 30	40 30 20
Dorsiflexion less than 15°	10	10
Palmar flexion limited in line with fore- arm	10	10

# §4.71a

# MULTIPLE FINGERS: UNFAVORABLE ANKYLOSIS

# MULTIPLE FINGERS: UNFAVORABLE ANKYLOSIS—Continued

	Rati		-	Rat	ina
	Major	Minor			Ť
In classifying the severity of ankylosis and limitation of motion of single digits and combinations of digits the following rules will be observed:  (1) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, with either joint in extension or in extreme flexion, will be rated as amputation.  (2) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, even though each is individually in favorable position, will be rated as unfavorable ankylosis.  (3) With only one joint of a digit ankylosed or limited in its motion, the determination will be made on the basis of whether motion is possible to within 2 inches (5.1 cms.) of the median transverse fold of the palm; when so possible, the rating will be for favorable ankylosis, otherwise unfa-			(a) Extremely unfavorable ankylosis of the fingers, all joints in extension or in extreme flexion, or with rotation and angulation of bones, will be rated as amputation.  (b) The ratings for codes 5216 through 5219 apply to unfavorable ankylosis or limited motion preventing flexion of tips to within 2 inches (5.1 cms.) of median transverse fold of the palm.  (c) Combinations of finger amputations at various levels, or of finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability, i.e., amputation, unfavorable ankylosis, or favorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades.	Major	Minc
vorable. (4) With the thumb, the			MULTIPLE FINGERS: FAVORABLE A	ANKYLC	
carpometacarpal joint is to be regarded as comparable to the				Major	Mino
metacarpophalangeal joint of other digits.  5216 Five digits of one hand, unfavorable ankylosis of  5217 Four digits of one hand, unfavorable ankylosis of:  Thumb, index, middle and ring  Thumb, index, middle and little  Thumb, index, ring and little  Thumb, middle, ring and little  101 Index, middle, ring and little  5218 Three digits of one hand, unfavorable ankylosis of:  Thumb, index and middle  Thumb, index and ring  Thumb, index and little  Thumb, middle and little  Thumb, middle and little  Thumb, middle and little  Thumb, ring and little  Thumb, middle and little  Thumb, middle and little  Thumb, middle and little  Thumb, middle and little	60 60 60 60 50 50 50 50 50 50 40 40	50 50 50 50 50 40 40 40 40 40 40 40 30 30	In classifying the severity of ankylosis and limitation of motion of single digits and combinations of digits the following rules will be observed:  (1) Ankylosis of both the metacarpophalangeal joints, with either joint in extension or in exterme flexion, will be rated as amputation.  (2) Ankylosis of both the metacarpophalangeal and proximal interphalangeal joints, even though each is individually in favorable position, will be rated as unfavorable ankylosis.  (3) With only one joint of a digit ankylosed or limited in its motion, the determination will be made on the basis of whether motion is possible to within 2 inches (5.1 cms.) of the median transverse		
Index, ring and little	40 30 40 40	30 20 30 30	fold of the palm; when so possible, the rating will be for favorable ankylosis, otherwise unfavorable.  (4) With the thumb, the carpometacarpal joint is to be re-		
Thumb and middle Thumb and ring Thumb and little Index and middle	40 40 40 30	30 30 30 20	garded as comparable to the metacarpophalangeal joint of other digits.		
Index and ring Index and little Middle and ring	30 30 20	20 20 20	5220 Five digits of one hand, favorable an- kylosis of	50	4
Middle and littleRing and little	20 20	20 20	Thumb, index, middle and ring Thumb, index, middle and little Thumb, index, ring and little Thumb, middle, ring and little	50 50 50 50	4 4 4 4

# MULTIPLE FINGERS: FAVORABLE ANKYLOSIS—Continued

	Rating	
	Major	Minor
Index, middle, ring and little5222 Three digits of one hand, favorable ankylosis of:	40	30
Thumb, index and middle	40	30
Thumb, index and ring	40	30
Thumb, index and little	40	30
Thumb, middle and ring	40	30
Thumb, middle and little	40	30
Thumb, ring and little	40	30
Index, middle and ring	30	20
Index, middle and little	30	20
Index, ring and little	30	20
Middle, ring and little	20	20
5223 Two digits of one hand, favorable an-		
kylosis of:		
Thumb and index	30	20
Thumb and middle	30	20
Thumb and ring	30	20
Thumb and little	30	20
Index and middle	20	20
Index and ring	20	20
Index and little	20	20
Middle and ring	10	10
Middle and little	10	10
Ring and little	10	10
(a) The ratings for codes 5220 through 5223 apply to favorable ankylosis or limited motion permitting flexion of the		
tips to within 2 inches (5.1 cms.) of the transverse fold of the palm. Limi- tation of motion of less than 1 inch		
(2.5 cms.) in either direction is not considered disabling.		
<ul><li>(b) Combination of finger amputations at various levels, or of finger amputa- tions with ankylosis or limitation of</li></ul>		
motion of the fingers will be rated on the basis of the grade of disability,		
i.e., amputation, unfavorable ankylosis, or favorable ankylosis, most		
representative of the levels or com- binations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades.		

### ANKYLOSIS OF INDIVIDUAL FINGERS

	Rating	
	Major	Minor
5224 Thumb, ankylosis of:		
Unfavorable	20	20
Favorable	10	10
5225 Index finger, ankylosis of:		
Unfavorable	10	10
Favorable	10	10
5226 Middle finger, ankylosis of:		
Unfavorable	10	10
Favorable	10	10
5227 Finger, any other, ankylosis of	0	0
Note: Extremely unfavorable ankylosis will be rated as amputation under diagnostic codes 5152 through 5156.		

# THE HIP AND THIGH

	Rat- ing
5250 Hip, ankylosis of:	
Unfavorable, extremely unfavorable ankylosis, the foot not reaching ground, crutches neces-	
sitated	39
Intermediate	7
Favorable, in flexion at an angle between 20°	,
and 40°, and slight adduction or abduction	6
5251 Thigh, limitation of extension of:	"
Extension limited to 5°	1
5252 Thigh, limitation of flexion of:	
Flexion limited to 10°	4
Flexion limited to 20°	3
Flexion limited to 30°	2
Flexion limited to 45°	1
5253 Thigh, impairment of:	
Limitation of abduction of, motion lost beyond	
10°	2
Limitation of adduction of, cannot cross legs	1
Limitation of rotation of, cannot toe-out more	
than 15°, affected leg	1
5254 Hip, flail joint	8
5255 Femur, impairment of:	
Fracture of shaft or anatomical neck of:	
With nonunion, with loose motion (spiral or	
oblique fracture)	8
With nonunion, without loose motion,	
weightbearing preserved with aid of brace	6
Fracture of surgical neck of, with false joint Malunion of:	6
	3
With marked knee or hip disability With moderate knee or hip disability	2
With slight knee or hip disability	1

 $<sup>^{\</sup>rm 3}\!$  Entitled to special monthly compensation.

### THE KNEE AND LEG

	Rat-
	ing
5256 Knee, ankylosis of:	
Extremely unfavorable, in flexion at an angle of	
45° or more	60
In flexion between 20° and 45°	50
In flexion between 10° and 20°	40
	40
Favorable angle in full extension, or in slight	
flexion between 0° and 10°	30
5257 Knee, other impairment of:	
Recurrent subluxation or lateral instability:	
Severe	30
Moderate	20
Slight	10
5258 Cartilage, semilunar, dislocated, with frequent	
episodes of "locking," pain, and effusion into the	
joint	20
5259 Cartilage, semilunar, removal of, symptomatic	10
5260 Leg, limitation of flexion of:	
Flexion limited to 15°	30
Flexion limited to 30°	20
Flexion limited to 45°	10
Flexion limited to 60°	0
5261 Leg, limitation of extension of:	
Extension limited to 45°	50
Extension limited to 30°	40
Extension limited to 20°	30
Extension limited to 15°	20
Extension limited to 10°	10
Extension limited to 5°	0
5262 Tibia and fibula, impairment of:	
Nonunion of, with loose motion, requiring brace	40
Malunion of:	
With marked knee or ankle disability	30

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# THE KNEE AND LEG—Continued

	Rat- ing
With moderate knee or ankle disability	20
With slight knee or ankle disability	10
5263 Genu recurvatum (acquired, traumatic, with weakness and insecurity in weight-bearing objec-	
tively demonstrated)	10

### THE ANKLE

	Rat- ing
5270 Ankle, ankylosis of:	
In plantar flexion at more than 40°, or in	
dorsiflexion at more than 10° or with abduc-	
tion, adduction, inversion or eversion deformity	40
In plantar flexion, between 30° and 40°, or in	
dorsiflexion, between 0° and 10°	30
In plantar flexion, less than 30°	20
5271 Ankle, limited motion of:	
Marked	20
Moderate	10
5272 Subastragalar or tarsal joint, ankylosis of:	
In poor weight-bearing position	20
In good weight-bearing position	10
5273 Os calcis or astragalus, malunion of:	
Marked deformity	20
Moderate deformity	10
5274 Astragalectomy	20

# SHORTENING OF THE LOWER EXTREMITY

	Rat- ing
5275 Bones, of the lower extremity, shortening of: Over 4 inches (10.2 cms.)	<sup>3</sup> 60 <sup>3</sup> 50 40 30 20 10

<sup>&</sup>lt;sup>3</sup> Also entitled to special monthly compensation.

### THE FOOT

	Rat- ing
5276 Flatfoot, acquired: Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo achillis on manipulation, not improved by orthopedic shoes or appliances. Bilateral Unilateral Severe; objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities:	50 30
Bilateral	30
Unilateral	20

# THE FOOT—Continued

	Rat- ing
Madagas watch basin Rosana - Para	9
Moderate; weight-bearing line over or medial to great toe, inward bowing of the tendo achillis,	
pain on manipulation and use of the feet, bilat-	
eral or unilateral	10
Mild; symptoms relieved by built-up shoe or arch	
support	_ c
5277 Weak foot, bilateral:	
A symptomatic condition secondary to many	
constitutional conditions, characterized by at-	
rophy of the musculature, disturbed circulation,	
and weakness:  Rate the underlying condition, minimum rat-	
ing	10
5278 Claw foot (pes cavus), acquired:	'
Marked contraction of plantar fascia with	
dropped forefoot, all toes hammer toes, very	
painful callosities, marked varus deformity:	
Bilateral	50
Unilateral	30
All toes tending to dorsiflexion, limitation of	
dorsiflexion at ankle to right angle, shortened	
plantar fascia, and marked tenderness under metatarsal heads:	
Bilateral	30
Unilateral	20
Great toe dorsiflexed, some limitation of	_`
dorsiflexion at ankle, definite tenderness under	
metatarsal heads:	
Bilateral	10
Unilateral	10
Slight5279 Metatarsalgia. anterior (Morton's disease).	(
5279 Metatarsalgia, anterior (Morton's disease), unilateral, or bilateral	10
5280 Hallux valgus, unilateral:	'`
Operated with resection of metatarsal head	10
Severe, if equivalent to amputation of great toe	10
5281 Hallux rigidus, unilateral, severe:	
Rate as hallux valgus, severe.	
Note: Not to be combined with claw foot	
ratings.	
5282 Hammer toe:	
All toes, unilateral without claw foot	10
5283 Tarsal, or metatarsal bones, malunion of, or	۱ ۲
nonunion of:	
Severe	30
Moderately severe	20
Moderate	10
NOTE: With actual loss of use of the foot, rate 40	
percent.	
5284 Foot injuries, other:	
Severe	30
Moderately severe	20
Note: With actual loss of use of the foot, rate 40	"
percent.	1

### THE SPINE

	Rat- ing
5285 Vertebra, fracture of, residuals:  With cord involvement, bedridden, or requiring long leg braces  Consider special monthly compensation; with lesser involvements rate for limited motion,	100
nerve paralysis.  Without cord involvement; abnormal mobility requiring neck brace (jury mast)	60

### THE SPINE—Continued

	Rat- ing
In other cases rate in accordance with definite limited motion or muscle spasm, adding 10	
percent for demonstrable deformity of	
vertebral body.  NOTE: Both under ankylosis and limited motion,	
ratings should not be assigned for more than	
one segment by reason of involvement of only	
the first or last vertebrae of an adjacent seg- ment.	
5286 Spine, complete bony fixation (ankylosis) of:	
Unfavorable angle, with marked deformity and involvement of major joints (Marie-Strumpell	
type) or without other joint involvement (Bechterew type)	100
Favorable angle	60
5287 Spine, ankylosis of, cervical:	
Unfavorable	40
Favorable5288 Spine, ankylosis of, dorsal:	30
Unfavorable	30
Favorable	20
5289 Spine, ankylosis of, lumbar: Unfavorable	50
Favorable	40
5290 Spine, limitation of motion of, cervical:	
Severe	30 20
Slight	10
5291 Spine, limitation of motion of, dorsal:	
Severe	10
Moderate Slight	10 0
5292 Spine, limitation of motion of, lumbar:	U
Severe	40
ModerateSlight	20 10
5293 Intervertebral disc syndrome:	10
Pronounced; with persistent symptoms compat-	
ible with sciatic neuropathy with characteristic pain and demonstrable muscle spasm, absent	
ankle jerk, or other neurological findings ap-	
propriate to site of diseased disc, little intermit-	
tent relief	60
Severe; recurring attacks, with intermittent relief Moderate; recurring attacks	40 20
Mild	10
Postoperative, cured	0
5294 Sacro-iliac injury and weakness: 5295 Lumbosacral strain:	
Severe; with listing of whole spine to opposite	
side, positive Goldthwaite's sign, marked limi-	
tation of forward bending in standing position,	
loss of lateral motion with osteo-arthritic changes, or narrowing or irregularity of joint	
space, or some of the above with abnormal	
mobility on forced motion	40
With muscle spasm on extreme forward bending,	
loss of lateral spine motion, unilateral, in standing position	20
With characteristic pain on motion	10
With slight subjective symptoms only	0

### THE SKULL

		Rat- ing
5206	Skull loss of part of both inner and outer ta-	

bles:

### THE SKULL—Continued

	Rat- ing
With brain hernia	80
Without brain hernia:	
Area larger than size of a 50-cent piece or	
1.140 in <sup>2</sup> (7.355 cm <sup>2</sup> )	50
Area intermediate	30
Area smaller than the size of a 25-cent piece or 0.716 in 2 (4.619 cm 2)	10
NOTE: Rate separately for intracranial complications.	

### THE RIBS

	Rat- ing
5297 Ribs, removal of:	
More than six	50
Five or six	40
Three or four	30
Two	20
One or resection of two or more ribs without regeneration	10
NOTE (1): The rating for rib resection or removal is not to be applied with ratings for purrulent pleurisy, lobectomy, pneumonectomy or injuries of pleural cavity.	
NOTE (2): However, rib resection will be considered as rib removal in thoracoplasty performed for collapse therapy or to accomplish obliteration of space and will be combined with the rating for lung collapse, or with the rating for	
lobectomy, pneumonectomy or the graduated ratings for pulmonary tuberculosis.	

### THE COCCYX

	Rat- ing
5298 Coccyx, removal of:	
Partial or complete, with painful residuals	10
Without painful residuals	0

[29 FR 6718, May 22, 1964, as amended at 34 FR 5062, Mar. 11, 1969; 40 FR 42536, Sept. 15, 1975; 41 FR 11294, Mar. 18, 1976; 43 FR 45350, Oct. 2, 1978; 51 FR 6411, Feb. 24, 1986; 61 FR 20439, May 7, 1996]

### §4.72 [Reserved]

#### § 4.73 Schedule of ratings—muscle injuries.

NOTE: When evaluating any claim involving muscle injuries resulting in loss of use of any extremity or loss of use of both buttocks (diagnostic code 5317, Muscle Group XVII), refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation.